

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

RAFAEL TARONJI ESCALERA

DEBTOR

CASE NO. 15-06540-ESL

CHAPTER 13

**DEBTOR'S MOTION AND NOTICE OF FILING OF  
AMENDED SCHEDULES "I" & "J" AND CERTIFICATE OF SERVICE**

**TO THE HONORABLE COURT:**

NOW COMES, RAFAEL TARONJI ESCALERA, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtor is hereby submitting ***Amended Schedules "I" & "J"***, dated September 25, 2015, herewith and attached to this motion.
2. These amendments to Schedules "I" & "J" are filed **to correct debtor's social security income amount and debtor's expenses.**

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9013(c) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

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**Notice of Amended Schedules "I" & "J"**  
**Case no. 15-06540/ESL13**

**CERTIFICATE OF SERVICE**

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 25<sup>th</sup> day of September, 2015.

*/s/ Roberto Figueroa Carrasquillo*  
ROBERTO FIGUEROA CARRASQUILLO  
USDC #203614  
ATTORNEY FOR PETITIONER  
PO BOX 186  
CAGUAS PR 00726  
TEL 787-744-7699  
FAX 787-746-5294  
EMAIL: [rfigueroa@rfclawpr.com](mailto:rfigueroa@rfclawpr.com)

Fill in this information to identify your case:

Debtor 1	<b>RAFAEL TARONJI ESCALERA</b>	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: District of Puerto Rico				
Case number (if known)	<b>3:15-bk-6540</b>			

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

**Debtor 1**

- Employed  
 Not employed

**Debtor 2 or non-filing spouse**

- Employed  
 Not employed

Occupation

**Retired**

Employer's name

**Administracion De Sistemas De Ret**

Employer's address

**PO Box 42003**

Number Street

Number Street

**San Juan, PR 00940-2203**

City State ZIP Code

City State ZIP Code

</div

Debtor 1 RAFAEL TARONJI ESCALERA  
 First Name Middle Name Last Name

Case number (if known) 3:15-bk-6540

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .....	→ 4. \$ <u>1,103.76</u>	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ _____
5e. Insurance	5e. \$ <u>40.12</u>	\$ _____
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ _____
5g. Union dues	5g. \$ <u>0.00</u>	\$ _____
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. +\$ <u>400.44</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6. \$ <u>400.44</u>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>703.32</u>	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ _____
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ _____
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ _____
8e. Social Security	8e. \$ <u>1,011.90</u>	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ _____
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ _____
8h. Other monthly income. Specify: <u>See Schedule Attached</u>	8h. +\$ <u>16.66</u>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>1,028.56</u>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>1,731.88</u>	+ \$ _____ = \$ <u>1,731.88</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>1,731.88</u>	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <u>None</u>		

IN RE TARONJI ESCALERA, RAFAEL

Case No. 3:15-bk-6540

Debtor(s)

**AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

	DEBTOR	SPOUSE
Other Payroll Deductions:		
RC-Pres Cult Ret Cen-Em Clasif	95.52	
RC-Pres Pers Ret Cen-E Clasif	264.80	
AE-Seguro Por Muerte Asoc ELA	7.00	
Ahorros-AEELA	33.12	
Other monthly income:		
Summer Bonus \$100/12	8.33	
Christmas Bonus \$100/12	8.33	

Fill in this information to identify your case:

Debtor 1	<b>RAFAEL TARONJI ESCALERA</b>		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Puerto Rico			
Case number (If known)	3:15-bk-6540		

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 0.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 0.00
4d.	\$ 150.00

Debtor 1 **RAFAEL TARONJI ESCALERA**  
 First Name Middle Name Last Name

Case number (if known) **3:15-bk-6540**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 20.00

6b. Water, sewer, garbage collection

6b. \$ 25.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 45.00

6d. Other. Specify: \_\_\_\_\_

6d. \$ 0.00

7. Food and housekeeping supplies

7. \$ 287.48

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 50.00

10. Personal care products and services

10. \$ 35.00

11. Medical and dental expenses

11. \$ 75.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 180.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 30.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance \$ 0.00

15b. Health insurance

15b. \$ 104.90

15c. Vehicle insurance

15c. \$ 0.00

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 0.00

Specify: \_\_\_\_\_

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: \_\_\_\_\_

17c. \$ 0.00

17d. Other. Specify: \_\_\_\_\_

17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

18. \$ 500.00

19. Other payments you make to support others who do not live with you.

19. \$ 0.00

Specify: \_\_\_\_\_

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1 RAFAEL TARONJI ESCALERA  
First Name Middle Name Last Name

Case number (if known) 3:15-bk-6540

21. Other. Specify: See Schedule Attached

21. +\$ 54.50

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 1,556.88

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 1,731.88

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 1,556.88

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 175.00

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

None

IN RE TARONJI ESCALERA, RAFAEL

Case No. 3:15-bk-6540

Debtor(s)

**AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Expenses	
Pets	40.00
Car Annual Registration Fees \$174/12	14.50

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE TARONJI ESCALERA, RAFAEL

Case No. 3:15-bk-6540

Debtor(s)

(If known)

**AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

*Jch "I" & "J"*

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 7 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 25, 2015

Signature:

  
RAFAEL TARONJI ESCALERA

Debtor

Date:

Signature:

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Label Matrix for local noticing  
0104-3  
Case 15-06540-ESL13  
District of Puerto Rico  
Old San Juan  
Fri Sep 25 15:46:06 AST 2015

AEELA  
PO Box 364508  
San Juan, PR 00936-4508

BANCO POPULAR DE PUERTO RICO -  
MORTGAGE SERVICING DEPARTMENT (762)  
PO BOX 362708  
SAN JUAN, PR 00936-2708

American InfoSource LP as agent for  
T Mobile/T-Mobile USA Inc  
PO Box 248848  
Oklahoma City, OK 73124-8848

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

Anderson Financial Services Of PR  
DBA Borinquen Title Loans  
3440 Preston Ridge Rd. Suite 500  
Alpharetta, GA 30005-3823

Asoc Cond Venus Tower  
101 Calle Costa Rica Buzn 1503  
San Juan, PR 00917-2404

Banco Popular de PR  
209 Munoz Rivera Ave.  
San Juan, PR 00918-1005

CACH, LLC  
4340 S Monaco Street, 2nd Floor  
Denver, CO 80237-3485

Cach Llc  
4340 S Monaco  
Denver, CO 80237-3408

Cach, Llc  
4340 S Monaco St Unit 2  
Denver, CO 80237-3408

Claro  
Po Box 360998  
San Juan, PR 00936-0998

(p) JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

Ge Money Retail Bank  
4340 S Monaco  
Denver, CO 80237-3485

Ge Money Retail Bank  
4340 S Monaco St Unit 2  
Denver, CO 80237-3408

Islandfin  
Pob 71504  
San Juan, PR 00936-8604

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Hato Rey, PR 00936-4028

Operating Partners CO LLC  
PO Box 194499  
San Juan, PR 00919-4499

Sistema De Retiro  
PO Box 42003  
San Juan, PR 00940-2203

Synchrony Bank  
c/o of Recovery Management Systems Corp  
25 S.E. 2nd Avenue, Suite 1120  
Miami, FL 33131-1605

T-mobile  
12920 Se 38th Stree  
Bellevue, WA 98006-7305

JOSE RAMON CARRION MORALES  
PO BOX 9023884  
SAN JUAN, PR 00902-3884

MONSITA LECAROZ ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

RAFAEL TARONJI ESCALERA  
COND VENUS TOWERS  
101 COSTA RICA ST  
APT 904  
HATO REY, PR 00917-2408

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Fingerhut Direct Mrkting  
16 Mcleland Rd  
Saint Cloud, MN 56303

(d)Jefferson Capital Syst  
16 Mcleland Rd  
Saint Cloud, MN 56303

End of Label Matrix	
Mailable recipients	24
Bypassed recipients	0
Total	24